

345

Incorrect certificates will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health	
			BUREAU OF VITAL STATISTICS.	
COUNTY	<u>Coconino</u>	ORIGINAL CERTIFICATE OF DEATH	337	
DISTRICT	<u>Douglas</u>	TERRITORIAL INDEX NO.	31	
TOWN	<u>Coconino</u>	COUNTY REGISTERED NO.	182	
OR CITY	<u>Coconino</u>	ST. LOCAL REGISTRAR'S NO.	1111	
FULL NAME <u>Maclos Cordova</u>				
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR or RACE	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH	
<u>male</u>	<u>White</u>	<u>unknown</u>	<u>Apr 16</u> 191 <u>1</u>	
DATE OF BIRTH			I hereby certify that I attended deceased from <u>Apr 10</u> 191 <u>1</u> to <u>Apr 16</u> 191 <u>1</u> ; that I last saw h <u>im</u> alive on <u>Apr 15</u> 191 <u>1</u> and that death occurred on the date stated above at <u>5:30 a.m.</u> The DISEASE or INJURY causing Death was as follows: <u>Acute cardiac dilatation</u>	
AGE	If less than 1 day, hrs., or min.		(Duration) yrs. mos. days	
<u>76</u> yrs. mos. days			<u>6</u> days	
OCCUPATION	<u>unknown</u>		Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country)			If not, where? <u>Bonduel Austria</u>	
<u>Mexico</u>			CONTRIBUTORY <u>Don't know</u>	
NAME OF FATHER			(Signed) <u>E. V. Adamson</u> M. D.	
<u>unknown</u>			<u>4/18</u> 191 <u>1</u> (Address) <u>Douglas A. S.</u>	
BIRTHPLACE OF FATHER (State or country)			*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
<u>unknown</u>			LENGTH OF RESIDENCE	
MAIDEN NAME OF MOTHER			At place of death <u>6</u> yrs. <u>6</u> mos. <u>6</u> ds. In Arizona yrs. mos. ds.	
<u>unknown</u>			Former or Usual Residence <u>Douglas</u>	
BIRTHPLACE OF MOTHER (State or country)			Filed <u>4/18/11</u> 191 <u>1</u> <u>John Doe</u> Local Registrar	
<u>unknown</u>			Filed <u>5/11/10</u> 191 <u>1</u> <u>Albie Kuman</u> County Registrar	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Miss B. Harrison</u>				
(Address) <u>County Hospital</u>				
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL OR REMOVAL	
<u>Douglas</u>			<u>April 18 1911</u>	
UNDERTAKER			ADDRESS	
<u>Mc Garty</u>			<u>Douglas</u>	